

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44858

BIRTH NO.		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 5596		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFF.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto RURAL (VALLEY) 38 YRS.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN DeSoto		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. W. OF DeSoto ON HY H				e. STREET ADDRESS (If rural, give location) 3 mi. W. OF DeSoto ON HY H			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) (NONE)		c. (Last) BAISCH		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1957	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 27, 1871	
9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) MASCOUTAH ILL.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN GEORGE BAISCH				13b. MOTHER'S MAIDEN NAME ANNA MARIE BAUMAN			
14. NAME OF HUSBAND OR WIFE MINNIE BAISCH				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. NONE				17. INFORMANT'S SIGNATURE OR NAME MINNIE BAISCH ADDRESS STAR ROUTE DeSoto			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from 12-19-57 to 12-20-57, 1957, that I last saw the deceased alive on 12-19-57, 1957, and that death occurred at 2 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Name and title) Edna E. Fallut m.d.				23b. ADDRESS DeSoto Mo			
23c. DATE SIGNED 12-20-1957				24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			
24b. DATE Dec. 22, 1957				24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK			
24d. LOCATION (City, town, or county) DeSoto				24e. (State) Mo.			
DATE REC'D BY LOCAL REG. 12-23-57				REGISTRAR'S SIGNATURE Marilee Harris			
25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 28 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. B. Doherty*.....

Licensed Embalmer No. *4104*.....

P. O. Address *Del. Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.